modivcare

VA Operations
Exceptions Department
798 Park Ave NW
Norton, VA 24273

STANDING ORDER FORM

(Please fax to the number provided at least 48 hours before the initial trip)
FAX # 866.907.1491
PHONE # 866.679.6330
For member and driver safety, all activities may be recorded.

Member's Name:	Insurance Type:	☐ New ☐ Update Existing
Member's Medicaid ID #:	Gender: Female / Male	DOB: ____/____/____

APPOINTMENT INFORMATION

Appointment Days		
☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday ☐ Saturday ☐ Sunday	Appt. Time: _____ ☐ AM ☐ PM	Level of Service: (Please select the appropriate Level of Service) ☐ Ambulatory ☐ Wheelchair ☐ Stretcher Van ☐ Stretcher ☐ Bariatric Wheelchair ☐ Bariatric Stretcher Member's condition that requires wheelchair/stretcher:
	Return Time: _____ ☐ AM ☐ PM	
	Start Date:____/_____/_____	Height: Weight: **(Height and Weight are needed for all wheelchair and stretcher requests)**
	End date:____/_____/_____	Assistance Level: ☐ Hand-to-Hand ☐ Door-to-Door ☐ Curb-to-Curb
	Special Needs:	Can the Member sign the driver's log? ☐ Yes ☐ No
		Will signature status be permanent? ☐ Yes ☐ No
		Requested Provider's Name *(not guaranteed)*:

PICK-UP INFORMATION

Facility/Complex Name:	Phone #:
Address/Apt:	City, State Zip:

DROP-OFF INFORMATION

Facility/Complex Name:	Phone #:
Address/Suite:	City, State Zip:

Treatment Type:		**Requesting Party:**
☐ Adult Daycare	☐ Substance Abuse	Name:_____
☐ Behavioral Health	☐ Therapeutic Day TX	Title:_____
☐ Day Support	☐ Supported Employment	Phone#: ( )_____
☐ Dialysis		Fax#: ( )_____

NAME: _____**SIGNATURE:** _____ **DATE:** _____